

# BODY AESTHETICS

*Balance Proportion. Symmetry*

## Client Intake Form

Body Aesthetics LLC Requires all clients to complete a Client Intake Form prior to your first visit.

### 1. Have you taken any of the following medications in the last two weeks?

Aleve Aspirin Warfarin Lovenox Plavix Ibuprofen/Advil Naproxen Arnica

### 2. Have you taken any of the following supplements or oils in the past 2 weeks?

Vitamin E Tretinoin Omega-3 fatty acids Retin-A Differin Cod liver oil Vitamin A CoQ10  
Ginkgo Bilboa Garlic/Ginger

### 3. Do you have any Allergies to the following?

Lidocaine Eggs Egg Products Albumin

### 4. Are You pregnant or Nursing?

Yes or No

### 5. Have you had Wrinkle relaxers in the past?

Yes or No if Yes When:

### 6. Have you ever had Dermal Filler Before?

Yes or No if Yes, When:

### 7. Have you ever had a negative reaction to Wrinkle Relaxers or Dermal Filler?

Yes or No if Yes, what was the response:

### 8. Have you been diagnosed with a neurological disease or autoimmune disease?

Yes or No

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_